

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<u>EM</u>	22	2/20
<b>FORMALITY REVIEW</b>		927	03/05/01
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/27/03
2	✓	✓	6/4/03
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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